

Stewart Hall
Director

COUNTY OF ACCOMACK PUBLIC WORKS

Post Office Box 52
Tasley, Virginia 23441
(757) 787-1468
(757) 824-0020
Facsimile (757) 789-3063



September 24, 2015

VIA USPS EXPRESS MAIL

Mr. Mark Sauer
Department of Environmental Quality – TRO
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Re: Accomack County Leachate Treatment Facility
Re-issuance of VPDES Permit No. VA0091529

Dear Mr. Sauer:

Please find enclosed the Application of Accomack County for renewal of Accomack County Leachate Treatment Facility Permit No. VA0091529. The Facility is operating in a “no discharge” mode and will not resume discharging until the treatment system has been upgraded. Consequently, current effluent quality will not be representative of future discharges., I understand that in effect sampling and testing requirements in the application forms are waived and that the renewed permit will require effluent monitoring within ninety (90) days of commencing a discharge.

A copy of this complete application has been e-mailed to you in place of the additional five paper copies.

If you have any questions or require additional information, you may contact me by telephone at (757) 787-1468 or by e-mail at jlauer@co.accomack.va.us.

Cordially,

John W Lauer
Regulatory Compliance Specialist

Enclosures

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | |
|---|--|---|----|---|-----|
| | | | | S | T/A |
| | | | | F | C |
| | | | | 1 | 2 |
| | | | | 13 | 14 |
| | | | | 15 | |
| LABEL ITEMS | | | | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| I. EPA I.D. NUMBER | | | | | |
| III. FACILITY NAME | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| VI. FACILITY LOCATION | | | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms . | | | | | |
| SPECIFIC QUESTIONS | | Mark "X" | | SPECIFIC QUESTIONS | |
| | | YES | NO | FORM ATTACHED | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | | X | | |
| | | 16 | 17 | 18 | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | X | |
| | | 22 | 23 | 24 | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | | X | | |
| | | 28 | 29 | 30 | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | | X | | |
| | | 34 | 35 | 36 | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | X | | |
| | | 40 | 41 | 42 | |
| B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | | X | | |
| | | 19 | 20 | 21 | |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | | X | | |
| | | 25 | 26 | 27 | |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | | X | | |
| | | 31 | 32 | 33 | |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | | X | | |
| | | 37 | 38 | 39 | |
| J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | X | | |
| | | 43 | 44 | 45 | |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP Accomack County Leachate Treatment Facility | | | | | |
| 15 16 - 29 30 69 | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | | | |
| 2 Lauer, John, Regulatory Compliance Specialist | | | | | |
| 15 16 45 46 48 49 51 52 55 | | | | | |
| B. PHONE (area code & no.) | | | | | |
| (757) 787-1468 | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | | | |
| 3 24420 Lankford Highway, P.O. Box 52 | | | | | |
| 15 16 45 | | | | | |
| B. CITY OR TOWN | | | | | |
| 4 Tasley | | | | | |
| 15 16 40 41 42 47 51 | | | | | |
| C. STATE | | | | | |
| VA | | | | | |
| D. ZIP CODE | | | | | |
| 23441 | | | | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 5 9397 Cutler Lane | | | | | |
| 15 16 45 | | | | | |
| B. COUNTY NAME | | | | | |
| Accomack | | | | | |
| 46 70 | | | | | |
| C. CITY OR TOWN | | | | | |
| 6 Atlantic | | | | | |
| 15 16 40 41 42 47 51 52 54 | | | | | |
| D. STATE | | | | | |
| VA | | | | | |
| E. ZIP CODE | | | | | |
| 23303 | | | | | |
| F. COUNTY CODE (if known) | | | | | |
| | | | | | |
| Tidewater Regional Office | | | | | |
| CONTINUE ON REVERSE | | | | | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | | | | | | |
|----------|----|-----------|----|----|---|--|--|--|--|-----------|---|---|-----------|--|----|----|----|----|----|--|--|--|--|--|
| C | 7 | 4 | 9 | 5 | 3 | (specify) operation of sanitary landfill | | | | | C | 7 | (specify) | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | | | | | | | | | | | 15 | 16 | 17 | 18 | 19 | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | | | | | | |
| C | 7 | (specify) | | | | | | | | | C | 7 | (specify) | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | | | | | | | | | | | 15 | 16 | 17 | 18 | 19 | | | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | |
|--|----|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|---|----|--|--|--|
| C | 8 | Accomack County Board of Supervisors | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | 55 | 56 | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.) | | | | | | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | |
| F = FEDERAL | | | | | | | | | | M = PUBLIC (other than federal or state) | | | | | | | | | | (specify) | | | | | A | | | | |
| S = STATE | | | | | | | | | | O = OTHER (specify) | | | | | | | | | | M | | | | | (757) 787-1468 | | | | |
| P = PRIVATE | | | | | | | | | | | | | | | | | | | | 56 | | | | | 15 16 17 18 19 20 21 22 23 24 25 | | | | |

| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|
| 23296 Courthouse Avenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | 55 | | | | | |

| F. CITY OR TOWN | | | | | | | | | | | | | | | G. STATE | | H. ZIP CODE | | | IX. INDIAN LAND | | | | | | | |
|-----------------|----|----------|--|--|--|--|--|--|--|--|--|--|--|--|----------|----|-------------|----|----|---|----|----|----|----|----|----|----|
| C | B | Accomack | | | | | | | | | | | | | VA | | 23301 | | | Is the facility located on Indian lands? | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | | | | | |
|--|----|----|-----------|--|--|--|--|--|--|--|--|--|--|--|--|----|-------------|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|
| C | 9 | N | VA0091529 | | | | | | | | | | | | C | 9 | P | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | | | | | | | | | | | | | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | |
| C | 9 | U | | | | | | | | | | | | | C | 9 | 461 and 112 | | | | | | | | | | | | (specify) Solid waste and baler facility | | | | |
| 15 | 16 | 17 | 18 | | | | | | | | | | | | | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | |
| C | 9 | R | | | | | | | | | | | | | C | 9 | VPA 01079 | | | | | | | | | | | | (specify) Spray irrigation | | | | |
| 15 | 16 | 17 | 18 | | | | | | | | | | | | | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Treatment of leachate from municipal solid waste facility. Future activities may include receipt and pretreatment of septage.



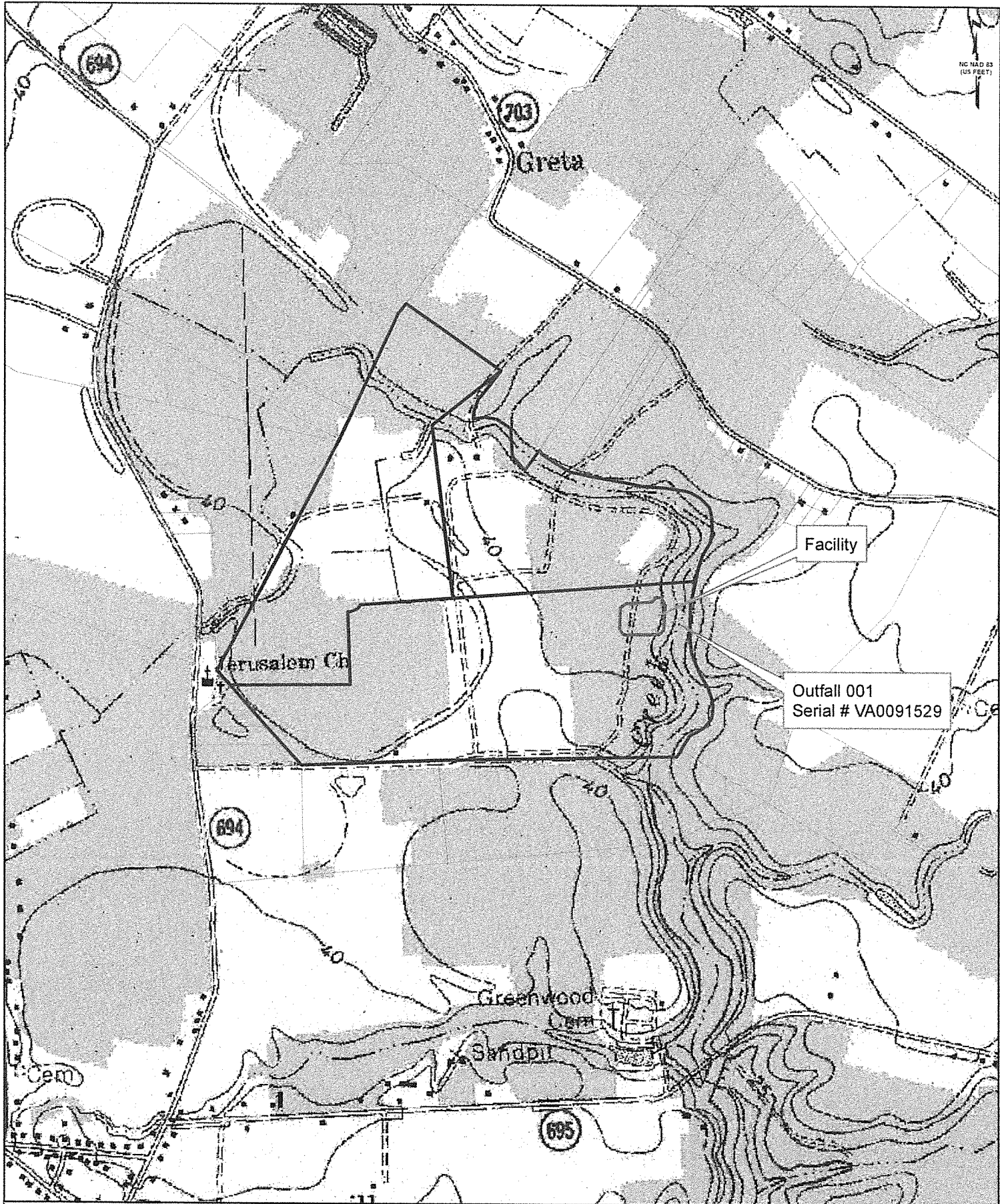
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Stewart Hall, Director of Public Works | | | | | | | | | | | | | | | <i>Stewart Hall</i> | | | | | | | | | | | | | | | 9/21/15 | | | | | | | | | |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | 55 | | | | | |



Legend

- Facility
- Property Boundary

**Accomack North Landfill
Leachate Treatment Facility**
Atlantic, VA

1 inch = 1,000 feet

MCKIM & CREED

8/01/2015

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

| 1. OUTFALL NUMBER (list) | 2. OPERATION(S) CONTRIBUTING FLOW (list) | 3. FREQUENCY | | 4. FLOW | | | | |
|-----------------------------|--|---|--|-------------------------|---------------------|---|---------------------|--------------------------|
| | | a. DAYS PER WEEK (specify average) | b. MONTHS PER YEAR (specify average) | a. FLOW RATE (in mgd) | | B. TOTAL VOLUME (specify with units) | | C. DURATION (in days) |
| | | | | 1. LONG TERM AVERAGE | 2. MAXIMUM DAILY | 1. LONG TERM AVERAGE | 2. MAXIMUM DAILY | |
| 001 | *Outfall 001 last utilized January 2009. | * | * | * | * | * | * | * |

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| 1. AVERAGE DAILY PRODUCTION | | | 2. AFFECTED OUTFALLS (list outfall numbers) |
|-----------------------------|---------------------|--|--|
| a. QUANTITY PER DAY | b. UNITS OF MEASURE | c. OPERATION, PRODUCT, MATERIAL, ETC. (specify) | |
| | | | |

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

| 1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC. | 2. AFFECTED OUTFALLS | | 3. BRIEF DESCRIPTION OF PROJECT | 4. FINAL COMPLIANCE DATE | |
|--|----------------------|------------------------|---------------------------------|--------------------------|--------------|
| | a. NO. | b. SOURCE OF DISCHARGE | | a. REQUIRED | b. PROJECTED |
| | | | | | |

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

110025188311

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

| 1. POLLUTANT | 2. SOURCE | 1. POLLUTANT | 2. SOURCE |
|--|-----------|--------------|-----------|
| None at this time. Outfall 001 last utilized January 2009. | | | |

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

| A. NAME | B. ADDRESS | C. TELEPHONE (area code & no.) | D. POLLUTANTS ANALYZED (list) |
|---------|------------|-----------------------------------|----------------------------------|
| | | | |

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Stewart Hall, Director of Public Works

B. PHONE NO. (area code & no.)

(757) 787-5700

C. SIGNATURE



D. DATE SIGNED

9/21/15

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
110025188311

| V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C) | | | | | | | | | | OUTFALL NO. 001 | |
|--|------------------------|--------------------|---|--|---|--------------------|--------------------------------|------------------|----------------------------|---|--------------------|
| PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. | | | | | | | | | | | |
| 1. POLLUTANT | 2. EFFLUENT | | | | c. LONG TERM AVRG. VALUE (if available) | d. NO. OF ANALYSES | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
| | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | | | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | | (1) CONCENTRATION | (2) MASS | |
| a. Biochemical Oxygen Demand (BOD) | n/a | | | | | | | | | | |
| b. Chemical Oxygen Demand (COD) | n/a | | | | | | | | | | |
| c. Total Organic Carbon (TOC) | n/a | | | | | | | | | | |
| d. Total Suspended Solids (TSS) | n/a | | | | | | | | | | |
| e. Ammonia (as N) | n/a | | | | | | | | | | |
| f. Flow | VALUE | | | | VALUE | | | | VALUE | | |
| g. Temperature (summer) | VALUE | | | | VALUE | | °C | | VALUE | | |
| h. Temperature (winter) | VALUE | | | | VALUE | | °C | | VALUE | | |
| i. pH | MINIMUM | MAXIMUM | MINIMUM | MAXIMUM | | | STANDARD UNITS | | | | |
| PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements. | | | | | | | | | | | |
| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | d. NO. OF ANALYSES | 4. UNITS | | 5. INTAKE (optional) | |
| | a. BELIEVED PRESENT | b. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) CONCENTRATION | b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION | c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION | (2) MASS | | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE (1) CONCENTRATION | (2) MASS |
| a. Bromide (24959-67-9) | | | | | | | | | | | |
| b. Chlorine, Total Residual | | | | | | | | | | | |
| c. Color | | | | | | | | | | | |
| d. Fecal Coliform | | | | | | | | | | | |
| e. Fluoride (16984-48-8) | | | | | | | | | | | |
| f. Nitrate-Nitrite (as N) | | | | | | | | | | | |

ITEM V-B CONTINUED FROM FRONT

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | | | |
|--|---------------------------|--------------------------|--|----------|---|----------|--|----------|-----------------------|------------------|---------|---|-----------------------|
| | a. BELIEVED PRESENT | b. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (if available) | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE (1) CONCENTRATION | b. NO. OF ANALYSES |
| | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | | |
| g. Nitrogen, Total Organic (as N) | | | | | | | | | | | | | |
| h. Oil and Grease | | | | | | | | | | | | | |
| i. Phosphorus (as P), Total (7723-14-0) | | | | | | | | | | | | | |
| j. Radioactivity | | | | | | | | | | | | | |
| (1) Alpha, Total | | | | | | | | | | | | | |
| (2) Beta, Total | | | | | | | | | | | | | |
| (3) Radium, Total | | | | | | | | | | | | | |
| (4) Radium 226, Total | | | | | | | | | | | | | |
| k. Sulfate (as S (%)) (14808-79-8) | | | | | | | | | | | | | |
| l. Sulfide (as S (%)) | | | | | | | | | | | | | |
| m. Sulfite (as S (%)) (14265-45-3) | | | | | | | | | | | | | |
| n. Surfactants | | | | | | | | | | | | | |
| o. Aluminum, Total (7429-90-5) | | | | | | | | | | | | | |
| p. Barium, Total (7440-39-3) | | | | | | | | | | | | | |
| q. Boron, Total (7440-42-8) | | | | | | | | | | | | | |
| r. Cobalt, Total (7440-48-4) | | | | | | | | | | | | | |
| s. Iron, Total (7439-89-6) | | | | | | | | | | | | | |
| t. Magnesium, Total (7439-95-4) | | | | | | | | | | | | | |
| u. Molybdenum, Total (7439-98-7) | | | | | | | | | | | | | |
| v. Manganese, Total (7439-96-5) | | | | | | | | | | | | | |
| w. Tin, Total (7440-31-5) | | | | | | | | | | | | | |
| x. Titanium, Total (7440-32-6) | | | | | | | | | | | | | |

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | | |
|--|---------------------|---------------------|--------------------|----------------------------|----------|--|----------|---|--------------------|----------------------|---------|--------------------------------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) | | b. MAXIMUM 30 DAY VALUE (if available) (1) | | c. LONG TERM AVRG. VALUE (if available) (1) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE (1) | b. NO. OF ANALYSES |
| | | | | CONCENTRATION | (2) MASS | CONCENTRATION | (2) MASS | CONCENTRATION | (2) MASS | | | CONCENTRATION | (2) MASS |
| METALS, CYANIDE, AND TOTAL PHENOLS | | | | | | | | | | | | | |
| 1M. Antimony, Total (7440-36-0) | | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | | | | | | | | | | | | |
| 3M. Beryllium, Total (7440-41-7) | | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | | | | | | | | | | | | | |
| 5M. Chromium, Total (7440-47-3) | | | | | | | | | | | | | |
| 6M. Copper, Total (7440-50-8) | | | | | | | | | | | | | |
| 7M. Lead, Total (7439-92-1) | | | | | | | | | | | | | |
| 8M. Mercury, Total (7439-97-6) | | | | | | | | | | | | | |
| 9M. Nickel, Total (7440-02-0) | | | | | | | | | | | | | |
| 10M. Selenium, Total (7782-49-2) | | | | | | | | | | | | | |
| 11M. Silver, Total (7440-22-4) | | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | | | | | | | | | | | | |
| 13M. Zinc, Total (7440-66-6) | | | | | | | | | | | | | |
| 14M. Cyanide, Total (57-12-5) | | | | | | | | | | | | | |
| 15M. Phenols, Total | | | | | | | | | | | | | |
| DIOXIN | | | | | | | | | | | | | |
| 2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6) | | | | DESCRIBE RESULTS | | | | | | | | | |

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---------------------|---------------------|--------------------|---|----------|--|----------|--|----------------------|------------------|---------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) CONCENTRATION | | b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION | | c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS |
| | | | | (1) | (2) MASS | (1) | (2) MASS | | | | |
| GC/MS FRACTION – VOLATILE COMPOUNDS | | | | | | | | | | | |
| 1V. Acrolein (107-02-8) | | | | | | | | | | | |
| 2V. Acrylonitrile (107-13-1) | | | | | | | | | | | |
| 3V. Benzene (71-43-2) | | | | | | | | | | | |
| 4V. Bis (1,1-dimethyl) Ether (542-88-1) | | | | | | | | | | | |
| 5V. Bromoform (75-25-2) | | | | | | | | | | | |
| 6V. Carbon Tetrachloride (56-23-5) | | | | | | | | | | | |
| 7V. Chlorobenzene (108-90-7) | | | | | | | | | | | |
| 8V. Chlorodibromomethane (124-48-1) | | | | | | | | | | | |
| 9V. Chloroethane (75-00-3) | | | | | | | | | | | |
| 10V. 2-Chloroethylvinyl Ether (110-75-8) | | | | | | | | | | | |
| 11V. Chloroform (67-66-3) | | | | | | | | | | | |
| 12V. Dichlorobromomethane (75-27-4) | | | | | | | | | | | |
| 13V. Dichlorodifluoromethane (75-71-8) | | | | | | | | | | | |
| 14V. 1,1-Dichloroethane (75-34-3) | | | | | | | | | | | |
| 15V. 1,2-Dichloroethane (107-06-2) | | | | | | | | | | | |
| 16V. 1,1-Dichloroethylene (75-35-4) | | | | | | | | | | | |
| 17V. 1,2-Dichloropropane (78-87-5) | | | | | | | | | | | |
| 18V. 1,3-Dichloropropylene (542-75-6) | | | | | | | | | | | |
| 19V. Ethylbenzene (100-41-4) | | | | | | | | | | | |
| 20V. Methyl Bromide (74-83-9) | | | | | | | | | | | |
| 21V. Methyl Chloride (74-87-3) | | | | | | | | | | | |
| DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER | | | | | | | | | | | |
| DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER | | | | | | | | | | | |

CONTINUED FROM PAGE V-4

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---------------------|---------------------|--------------------|------------------------|----------|--|----------|---|----------|----------------------|-----------------------------------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. LONG TERM AVERAGE VALUE (1) | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | |
| GC/MS FRACTION - VOLATILE COMPOUNDS (continued) | | | | | | | | | | | | |
| 22V. Methylene Chloride (75-09-2) | | | | | | | | | | | | |
| 23V. 1,1,2,2-Tetrachloroethane (79-34-5) | | | | | | | | | | | | |
| 24V. Tetrachloroethylene (127-18-4) | | | | | | | | | | | | |
| 25V. Toluene (108-88-3) | | | | | | | | | | | | |
| 26V. 1,2-Trans-Dichloroethylene (156-60-5) | | | | | | | | | | | | |
| 27V. 1,1,1-Trichloroethane (71-55-6) | | | | | | | | | | | | |
| 28V. 1,1,2-Trichloroethane (79-00-5) | | | | | | | | | | | | |
| 29V. Trichloroethylene (79-01-6) | | | | | | | | | | | | |
| 30V. Trichlorofluoromethane (75-69-4) | | | | | | | | | | | | |
| 31V. Vinyl Chloride (75-01-4) | | | | | | | | | | | | |
| GC/MS FRACTION - ACID COMPOUNDS | | | | | | | | | | | | |
| 1A. 2-Chlorophenol (95-57-8) | | | | | | | | | | | | |
| 2A. 2,4-Dichlorophenol (120-83-2) | | | | | | | | | | | | |
| 3A. 2,4-Dimethylphenol (105-67-9) | | | | | | | | | | | | |
| 4A. 4,6-Dinitro-O-Cresol (534-52-1) | | | | | | | | | | | | |
| 5A. 2,4-Dinitrophenol (51-28-5) | | | | | | | | | | | | |
| 6A. 2-Nitrophenol (88-75-5) | | | | | | | | | | | | |
| 7A. 4-Nitrophenol (100-02-7) | | | | | | | | | | | | |
| 8A. P-Chloro-M-Cresol (59-50-7) | | | | | | | | | | | | |
| 9A. Pentachlorophenol (87-86-5) | | | | | | | | | | | | |
| 10A. Phenol (108-95-2) | | | | | | | | | | | | |
| 11A. 2,4,6-Trichlorophenol (88-05-2) | | | | | | | | | | | | |

DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | | |
|---|---------------------|---------------------|--------------------|-------------------------------|---|-----|--|--------------------|------------------|----------------------|----------------------------|-----|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | | (1) | (2) | | | | | (1) | (2) | |
| GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS | | | | | | | | | | | | | |
| 1B. Acenaphthene (83-32-9) | | | | | | | | | | | | | |
| 2B. Acenaphthylene (208-96-8) | | | | | | | | | | | | | |
| 3B. Anthracene (120-12-7) | | | | | | | | | | | | | |
| 4B. Benzidine (92-87-5) | | | | | | | | | | | | | |
| 5B. Benzo (a) Anthracene (56-55-3) | | | | | | | | | | | | | |
| 6B. Benzo (a) Pyrene (50-32-8) | | | | | | | | | | | | | |
| 7B. 3,4-Benzo-fluoranthene (205-99-2) | | | | | | | | | | | | | |
| 8B. Benzo (ghi) Perylene (191-24-2) | | | | | | | | | | | | | |
| 9B. Benzo (k) Fluoranthene (207-08-9) | | | | | | | | | | | | | |
| 10B. Bis (2-(4-chlorophenyl) Methane (111-91-1) | | | | | | | | | | | | | |
| 11B. Bis (2-(4-chlorophenyl) Ether (111-44-4) | | | | | | | | | | | | | |
| 12B. Bis (2-(4-chlorophenyl) Ether (102-80-1) | | | | | | | | | | | | | |
| 13B. Bis (2-(4-chlorophenyl) Phthalate (117-81-7) | | | | | | | | | | | | | |
| 14B. 4-Bromophenyl Phenyl Ether (101-55-3) | | | | | | | | | | | | | |
| 15B. Butyl Benzyl Phthalate (65-68-7) | | | | | | | | | | | | | |
| 16B. 2-Chloronaphthalene (91-58-7) | | | | | | | | | | | | | |
| 17B. 4-Chlorophenyl Phenyl Ether (7005-72-3) | | | | | | | | | | | | | |
| 18B. Chrysene (218-01-9) | | | | | | | | | | | | | |
| 19B. Dibenzo (a,h) Anthracene (53-70-3) | | | | | | | | | | | | | |
| 20B. 1,2-Dichlorobenzene (95-50-1) | | | | | | | | | | | | | |
| 21B. 1,3-Di-chlorobenzene (541-73-1) | | | | | | | | | | | | | |

CONTINUED FROM PAGE V-6

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---------------------|---------------------|--------------------|-------------------------------|---|----------|--|--------------------|------------------|----------------------|-----------------------------------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE (1) | b. NO. OF ANALYSES |
| | | | | | (1) | (2) MASS | | | | | | |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | |
| 22B. 1,4-Dichloro-benzene (106-46-7) | | | | | | | | | | | | |
| 23B. 3,3-Dichloro-benzidine (91-94-1) | | | | | | | | | | | | |
| 24B. Diethyl Phthalate (84-66-2) | | | | | | | | | | | | |
| 25B. Dimethyl Phthalate (131-11-3) | | | | | | | | | | | | |
| 26B. Di-N-Butyl Phthalate (84-74-2) | | | | | | | | | | | | |
| 27B. 2,4-Dinitro-toluene (121-14-2) | | | | | | | | | | | | |
| 28B. 2,6-Dinitro-toluene (606-20-2) | | | | | | | | | | | | |
| 29B. Di-N-Octyl Phthalate (117-84-0) | | | | | | | | | | | | |
| 30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7) | | | | | | | | | | | | |
| 31B. Fluoranthene (206-44-0) | | | | | | | | | | | | |
| 32B. Fluorene (86-73-7) | | | | | | | | | | | | |
| 33B. Hexachloro-benzene (118-74-1) | | | | | | | | | | | | |
| 34B. Hexachloro-butadiene (87-68-3) | | | | | | | | | | | | |
| 35B. Hexachloro-cyclopentadiene (77-47-4) | | | | | | | | | | | | |
| 36B. Hexachloro-ethane (67-72-1) | | | | | | | | | | | | |
| 37B. Indeno (1,2,3-cd) Pyrene (193-39-5) | | | | | | | | | | | | |
| 38B. Isophorone (78-59-1) | | | | | | | | | | | | |
| 39B. Naphthalene (91-20-3) | | | | | | | | | | | | |
| 40B. Nitrobenzene (98-95-3) | | | | | | | | | | | | |
| 41B. N-Nitrosodimethylamine (62-75-9) | | | | | | | | | | | | |
| 42B. N-Nitrosodi-N-Propylamine (621-64-7) | | | | | | | | | | | | |

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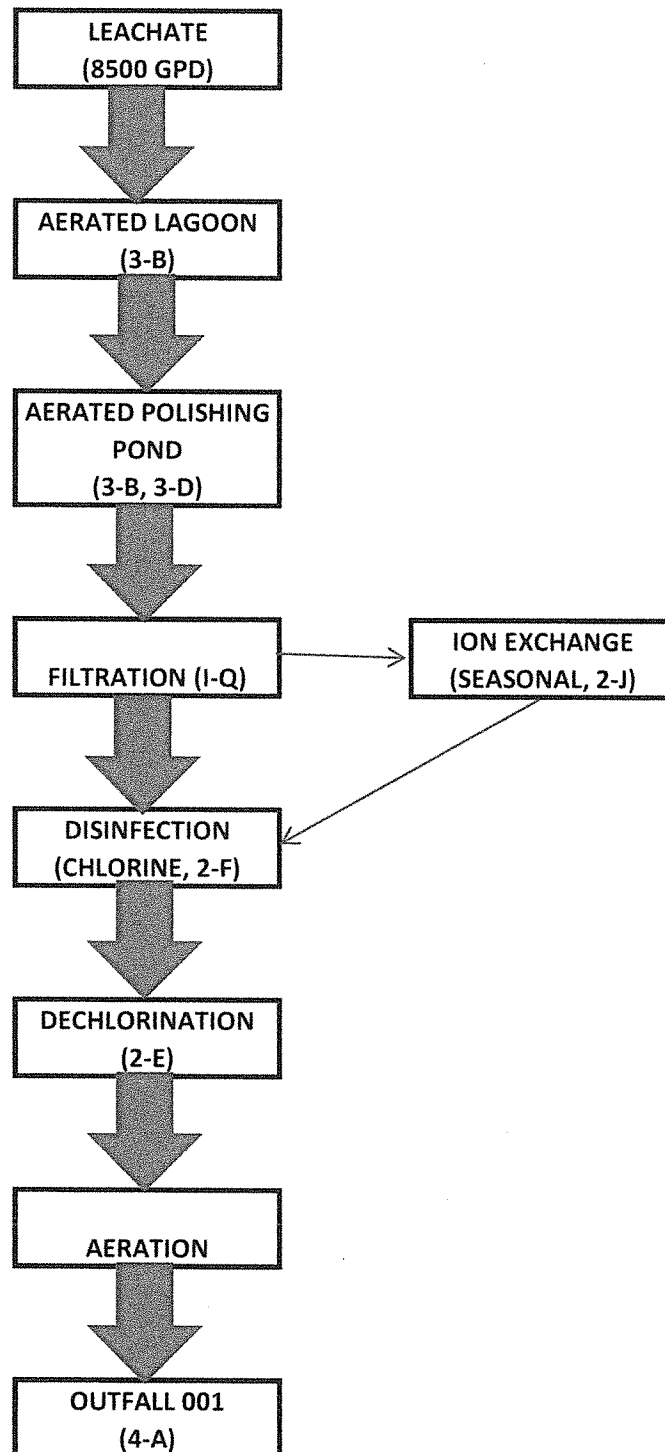
| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | 4. UNITS | | 5. INTAKE (optional) | | | |
|---|---|---------------------------|--------------------------|-------------------------------|----------|---|----------|--|----------|-----------------------|--------------------------------------|----------|-----------------------|
| | a. TESTING REQUIRED (if available) | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. LONG TERM AVERAGE VALUE (1) | | b. NO. OF ANALYSES |
| | | | | CONCENTRATION | (2) MASS | CONCENTRATION | (2) MASS | CONCENTRATION | (2) MASS | | CONCENTRATION | (2) MASS | |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | | |
| 43B. N-Nitro-sodiphenylamine (86-30-6) | | | | | | | | | | | | | |
| 44B. Phenanthrene (85-01-8) | | | | | | | | | | | | | |
| 45B. Pyrene (129-00-0) | | | | | | | | | | | | | |
| 46B. 1,2,4-Trichlorobenzene (120-82-1) | | | | | | | | | | | | | |
| GC/MS FRACTION – PESTICIDES | | | | | | | | | | | | | |
| 1P. Aldrin (309-00-2) | | | | | | | | | | | | | |
| 2P. α -BHC (319-84-6) | | | | | | | | | | | | | |
| 3P. β -BHC (319-85-7) | | | | | | | | | | | | | |
| 4P. γ -BHC (58-89-9) | | | | | | | | | | | | | |
| 5P. δ -BHC (319-86-8) | | | | | | | | | | | | | |
| 6P. Chlordane (57-74-9) | | | | | | | | | | | | | |
| 7P. 4,4'-DDT (50-29-3) | | | | | | | | | | | | | |
| 8P. 4,4'-DDE (72-55-9) | | | | | | | | | | | | | |
| 9P. 4,4'-DDD (72-54-8) | | | | | | | | | | | | | |
| 10P. Dieldrin (60-57-1) | | | | | | | | | | | | | |
| 11P. α -Endosulfan (115-29-7) | | | | | | | | | | | | | |
| 12P. β -Endosulfan (115-29-7) | | | | | | | | | | | | | |
| 13P. Endosulfan Sulfate (1031-07-8) | | | | | | | | | | | | | |
| 14P. Endrin (72-20-8) | | | | | | | | | | | | | |
| 15P. Endrin Aldehyde (7421-93-4) | | | | | | | | | | | | | |
| 16P. Heptachlor (76-44-8) | | | | | | | | | | | | | |

| | |
|--|----------------|
| EPA I.D. NUMBER (copy from Item I of Form I) | OUTFALL NUMBER |
| 110025188311 | 001 |

CONTINUED FROM PAGE V-8

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | 3. EFFLUENT | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---------------------|---------------------|--------------------|-------------------------------|--|--|--------------------|----------------------|---------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) | b. MAXIMUM 30 DAY VALUE (if available) (1) | c. LONG TERM AVRG. VALUE (if available) (1) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | b. NO. OF ANALYSES |
| | | | | CONCENTRATION (2) MASS | CONCENTRATION (2) MASS | CONCENTRATION (2) MASS | | CONCENTRATION (1) | | |
| GC/MS FRACTION - PESTICIDES (continued) | | | | | | | | | | |
| 17P. Heptachlor Epoxide (1024-57-3) | | | | | | | | | | |
| 18P. PCB-1242 (53469-21-9) | | | | | | | | | | |
| 19P. PCB-1254 (11097-69-1) | | | | | | | | | | |
| 20P. PCB-1221 (11104-28-2) | | | | | | | | | | |
| 21P. PCB-1232 (11141-16-5) | | | | | | | | | | |
| 22P. PCB-1248 (12672-29-6) | | | | | | | | | | |
| 23P. PCB-1260 (11096-82-5) | | | | | | | | | | |
| 24P. PCB-1016 (12674-11-2) | | | | | | | | | | |
| 25P. Toxaphene (8001-35-2) | | | | | | | | | | |

ACCOMACK COUNTY NORTH LANDFILL LEACHATE TREATMENT
EPA Form 2C, Part II.A, Line Drawing



ACCOMACK COUNTY NORTH LANDFILL LEACHATE TREATMENT FACILITY

EPA Form 2C, Part II.B.3

OUTFALL NO.: 001

AVERAGE DAILY FLOW: 8500 GPD

DESCRIPTION:

- Aerated Lagoon, treatment volume = 990,000 gallons, detention time at ADF = 49 days (3-B)
- Aerated polishing pond, treatment volume = 306,000 gallons, detention time at ADF = 15 days (3-B, 3-D)
- Filtration, dual media sand and anthracite, 20 GPM (1-Q)
- Ion Exchange (seasonal ammonia removal), 20 GPM (2-J)
- Disinfection, chlorination 1,900 gallon working volume, detention time = 68 minutes minimum (2-F)
- Dechlorination, sodium bisulfite solution, 170 gallon volume, detention time = 6 minutes minimum (2-E)
- Effluent diffused aeration, 13 CFM at 8 PSI
- Discharge to outfall at Assawoman Creek (4-A)

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)
110025188311

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM
2F
NPDES



U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| A. Outfall Number (list) | B. Latitude | | | C. Longitude | | | D. Receiving Water (name) |
|-----------------------------|-------------|--|--|--------------|--|--|------------------------------|
| No Outfalls | | | | | | | |
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II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

| 1. Identification of Conditions, Agreements, Etc. | 2. Affected Outfalls | | 3. Brief Description of Project | 4. Final Compliance Date | |
|--|----------------------|---------------------|---------------------------------|-----------------------------|----------|
| | number | source of discharge | | a. req. | b. proj. |
| None | | | | | |
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B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

| Outfall Number | Area of Impervious Surface (provide units) | Total Area Drained (provide units) | Outfall Number | Area of Impervious Surface (provide units) | Total Area Drained (provide units) |
|----------------|---|---------------------------------------|----------------|---|---------------------------------------|
| No Outfall | | | | | |

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.


The Accomack County Leachate Treatment Facility treats leachate from the adjacent landfill. The facility has no storm water ditches, culverts, or sedimentation basins. A large percentage of the facility consists of open ponds, reducing significantly net surface runoff during storm events. No material handled at this site are exposed to precipitation. All chemicals that are used are stored in the operations building.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff, and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

| Outfall Number | Treatment | List Codes from Table 2F-1 |
|----------------|-----------|----------------------------|
| No Outfall | | |

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

| Name and Official Title (type or print) | Signature | Date Signed |
|---|---|-------------|
| Stewart Hall, Dir. of Public Works |  | 9/15/15 |

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A - None

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

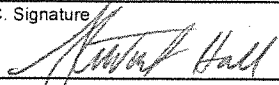
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ No (go to Section X)

| A. Name | B. Address | C. Area Code & Phone No. | D. Pollutants Analyzed |
|------------|------------|--------------------------|------------------------|
| No Outfall | | | |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|--|
| A. Name & Official Title (Type Or Print) Stewart Hall, Director of Public Works | B. Area Code and Phone No. (757) 787-5700 |
| C. Signature  | D. Date Signed 9/15/15 |

| Pollutant and CAS Number (if available) | Maximum Values (include units) | | Average Values (include units) | | Number of Storm Events Sampled | Sources of Pollutants |
|--|---|-------------------------|---|-------------------------|--------------------------------|-----------------------|
| | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | | |

| | |
|----------|---|
| Part B – | List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements. |
|----------|---|

| Pollutant and CAS Number (if available) | Maximum Values (include units) | | Average Values (include units) | | Number of Storm Events Sampled | Sources of Pollutants |
|--|--|----------------------------|--|----------------------------|--|-----------------------|
| | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | | |

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

| 1. Date of Storm Event | 2. Duration of Storm Event (in minutes) | 3. Total rainfall during storm event (in inches) | 4. Number of hours between beginning of storm measured and end of previous measurable rain event | 5. Maximum flow rate during rain event (gallons/minute or specify units) | 6. Total flow from rain event (gallons or specify units) |
|---------------------------------|--|---|--|--|---|
| N/A No Outfall | | | | | |

7. Provide a description of the method of flow measurement or estimate.

| | |
|-----|------------|
| N/A | No Outfall |
|-----|------------|

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Accomack County Public Works

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. 42-A-14

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? unknown

5. What is the design average effluent flow of this facility? .023 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Treatment of leachate from municipal solid waste facility.

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

100 % of flow from non-domestic connections/sources

7. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. Approval Date(s):

O & M Manual 3/31/14

Sludge/Solids Management Plan N/A

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: Accomack County North Landfill Leachate
Treatment System

Permit Number: VA-0091529

Person / Organization
to be billed: Accomack County Department of Public Works

Billing Address: P.O. Box 52

Tasley, VA 23441

Billing Contact Name: John Laver

Title: Regulatory Compliance Specialist

Phone Number: (757) 787-1468

E-Mail Address: jlaver@co.accomack.va.us

**AUTHORIZATION TO BILL APPLICANT FOR
A PUBLIC NOTICE FOR**

Re: VPDES Permit Number VA0091529
Accomack County North Landfill Leachate Treatment System, Accomack, VA

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the:

The Eastern Shore News

Agent/Department to be billed: Accomack County Department of Public Works

Applicant's Address:

P. O. Box 52

Tasley, VA 23441

Agent's Telephone Number:

(757) 787-1468

I AM ALSO AUTHORIZING THE EASTERN SHORE NEWS TO SEND THE AFFIDAVIT TO:

DEQ – Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Authorizing Agent/Date Signed:

Stewart Hall / June 30, 2015
Print Name/Date Signed

Authorizing Agent's
Signature


Signature

Authorizing Agent's E-Mail Address:

shall@co.accomack.va.us

RETURN COMPLETED FORM TO:

DEQ – Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Cc: DEQ – TRO/file (VA0091529@ECM)